

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18133

State File No. ....

FILED JUL 12 1955

BIRTH NO. ....		REG. DIST. NO. <u>93</u>		PRIMARY REG. DIST. NO. <u>5338</u>		Registrar's No. <u>55-50</u>	
1. PLACE OF DEATH a. COUNTY <u>Dade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Polk Twp</u>		c. LENGTH OF STAY (in this place) <u>1da</u>		c. CITY OR TOWN <u>Chilhowee Mo rtl</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0429</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10 mi N.E. of Greenfield Mo</u>				STREET ADDRESS (If rural, give location) <u>Shownee Twp</u>			
3. NAME OF DECEASED (Type or Print) <u>Earl</u>		a. (First) <u>Samuel</u>		c. (Last) <u>Pickering</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 2 1955</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Oct 8 1910</u>	
9. AGE (In years last birthday) <u>44</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>24</u>		IF UNDER 24 HRS. Hours <u>24</u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Ministorial</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Perry Okla</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>Earl Pickering</u>				13b. MOTHER'S MAIDEN NAME <u>Margaret P Pickering</u>		14. NAME OF HUSBAND OR WIFE <u>Anna May Pickering</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>				16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anna May Pickering Chilhowee Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Failure</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>7824</u>		21f. HOW DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from <u>after death</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7-4-55</u> , 19 <u>55</u> , and that death occurred at <u>7:45 P.M.</u> , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>W.R. Allison, Coroner</u>	
23b. ADDRESS <u>Greenfield Mo</u>		23c. DATE SIGNED <u>7-3-55</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-5-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shownee Mound</u>		24d. LOCATION (City, town, or county) (State) <u>Henry Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-4-55</u>		REGISTRAR'S SIGNATURE <u>J. C. Canada</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.R. Allison</u>		ADDRESS <u>Greenfield Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

APR 23 1966

JUL 18 1966

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *W. P. Allison* .....

Licensed Embalmer No. *440* .....

P. O. Address *Greenville* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.